

PROJECT EVALUATION FEEDBACK

PROJECT NO. 94-248-0
DATE OF PROJECT 6 Jul 94

SG1J

The following is an evaluation form for the project you reviewed. Please complete this form and return to [REDACTED] Chief, Technology Assessment and Support Activity.

A. Is the information accurate? (Circle response)

<u>Categories</u>	Source <u>A</u>	Source <u>B</u>	Source <u>C</u>
Yes (true)	(1) <input checked="" type="radio"/>	(1)	(1)
May be true	(2)	(2) <input checked="" type="radio"/>	(2) <input checked="" type="radio"/>
Possibly true	(3)	(3)	(3)
No	(4)	(4)	(4)
Possibly not true	(5)	(5)	(5)
Unsure	(6)	(6)	(6)

B. What is value of the Source(s)' information? (Circle response)

Major significance	(1)	(1)	(1)
High value	(2)	(2)	(2)
Of value	(3) <input checked="" type="radio"/>	(3) <input checked="" type="radio"/>	(3)
Low value	(4)	(4)	(4) <input checked="" type="radio"/>
No value	(5)	(5)	(5)

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~~SECRET~~
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